FI 35B   08/2002
Division of Finance

New   Modification

Journal Voucher Date _____
                        MM/DD/YYYY
Accounting Period ____/____
                     FM/FY
Budget FY _____
             FY
Comments _____
Agency _____
Division _____

| Agency | | Document Number |

Agency Control Number (Not recorded in FINET)

| Debit Total | Credit Total |

TO REVERSE THIS ENTRY:

The last character of Transaction I.D. must be "E".

Reversal Date _____

ELECTRONIC FUNDS TRANSFER JOURNAL VOUCHER

Account Type*	Fund	Agency	Org	Approp Unit	Activity	Function	Description (25 Characters)		Object / Rev Source
BS Account	Job / Project	Internal Fund	Reference Agency	Bank Acct Code	Debit	Rept Cat	Vendor / Prov**	Vendor Code	Vendor Name	Credit

_____
Prepared By   Phone

_____
Agency Head or Authorized Agent Approval   Date

_____
Division of Finance Approval   Date

_____
Payee Name

_____
Bank Name

_____
Bank Account Number

_____
Bank ABA No. and City, State

_____
Bank Transfer Date

_____
State Treasurer's Acknowledgment of Funds Transferred

*Account Type Codes
01 Asset
02 Liability
03 Fund Balance
11 Asset Offset
22 Expenditures/Expense
23 Expenditures
24 Expenses
31 Revenue

**Vendor/ Provider/Quantity Indicator:

V = Vendor
P = Provider
Q = Quantity